

Case Number:	CM14-0197783		
Date Assigned:	12/09/2014	Date of Injury:	10/25/2012
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female with an injury date on 10/25/12. The injured worker complains of migraine headaches brought on by pain from injury, high blood pressure as result of pain from injury, and GI induced by medications taken for pain due to injury per 10/13/14 report. The 8/5/14 report states the injured worker does not have any new complaints, and still has headaches. The injured worker began a home exercise program with stretching and weight lifting, but had increased pain due to an increase in activities of daily living per 6/16/14 report. Based on the 10/13/14 progress report provided by the treating physician, the diagnoses are: 1. hypertension 2. gastritis 3. insomnia 4. headache, NOSA physical exam on 10/13/14 showed "C/T TIS + spasm, positive tenderness to palpation." No range of motion testing was found in provided reports. The injured worker's treatment history includes medications, home exercise program (stretching, weight lifting). The treating physician is requesting Lunesta (Eszopiclone) CIV. The utilization review determination being challenged is dated 10/24/14 and denies request as "there is indication that this associate has been on the medication for some time with no indication of any benefit." The requesting physician provided treatment reports from 5/5/14 to 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lunesta (Eszopiclone) CIV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antihypertensive, and Pain, Sedative Hypnotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta

Decision rationale: This injured worker presents with headaches. The treating physician has asked for Lunesta (Eszopiclone) CIV but the requesting progress report is not included in the provided documentation. The treating physician requested Lunesta on 8/25/14 report, and also on 10/24/14 report. Regarding Lunesta, ODG recommends for insomnia, as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. ODG under stress chapter, Lunesta section states, "Not recommended for long-term use, but recommended for short-term use." "Recommend limiting use of hypnotics to three weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase." In this case, the injured worker has a diagnosis of insomnia. The 8/25/14 report and 10/24/14 report both request Lunesta, but there is no documentation that shows if the requests were authorized or if the injured worker has been using the medication. A short-term use of this medication may be reasonable per ODG guidelines, but not long-term. The treating physician does not indicate that it's for short-term, and the injured worker is outside the first 2 months from injury. The request is not medically necessary.